MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/				
2		/					52			/				
3							53			/				
4							54			/				
5							55			/				
6							56			/				
7							57			/				
8							58			/				
9							59			/				
10		/					60			/				
11							61			/				
12		/					62			/				
13		/					63			/				
14	/						64		/					
15							65							
16							66							
17							67							
18		/					68							
19	/						69							
20		/					70							
21		/					71							
22							72							
23		/					73							
24							74							
25							75							
26							76							
27							77							
28		/					78							
29		/					79							
30		/					80							
31							81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37	/						87							
38	/						88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45							95							
46		/					96							
47							97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	⇩		⇩		⇩		TOTAL IND.	6		⇩		⇩		⇩
TOTAL DEP.	⇦		⇦		⇦		TOTAL DEP.	28		⇦		⇦		⇦
TOTAL CLAIMS							TOTAL CLAIMS							

☆ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS